



Mail:  
Idaho Department of Finance  
P.O. Box 83720  
Boise, Idaho 83720-0031  
208/332-8002

Overnight:  
Idaho Department of Finance  
800 Park Blvd Suite 200  
Boise, Idaho 83712

**2008/2009 Annual Renewal For**  
**IDAHO ESCROW AGENCIES**  
**AND**  
**1031 EXCHANGE COMPANIES**

<b>For Department Internal Use Only</b>	Home Office License #:	<b>If any of the information has changed, please make the necessary corrections below.</b>
		Name of Licensee:
		DBA:
		Address:
		City State Zip
Phone #:	Toll Free #:	
Fax#:	Web URL:	
Supervising Escrow Officer of this "home/main" office*:		

**PLEASE ANSWER THE FOLLOWING. DO NOT LEAVE ANY ANSWERS BLANK.**

1. **Has the Supervising Escrow/Exchange Officer changed since the last renewal or since issuance of the initial license if after 5/1/2007?** Yes\_\_\_\_\_ No\_\_\_\_\_  
\*If "YES," provide Attachment B, Attachment C/D of the application (available on the website) and a detailed resume for the newly named person. Résumé must contain employer names, addresses, phone numbers, dates of employment (mo/year), reason(s) for leaving, and detailed job descriptions/duties. *Job titles alone are not sufficient.* Supervising Officer must demonstrate a minimum of 3 years supervisory experience over escrow and/or 1031 exchange activity.
2. **Has the licensee made any changes to its name, dba or structure type since its last renewal or after its initial licensing if after 5/1/2007?** Yes\_\_\_\_\_ No\_\_\_\_\_  
\*\*\*If "Yes" please contact the Department for additional filing instructions.
3. **Provide the name, mailing address, fax and phone number for the licensee's contact person for the following:**  
A) Complaints: \_\_\_\_\_  
Name Phone  
Address Fax  
B) Compliance (licensing, exams) \_\_\_\_\_  
Name Phone  
Address Fax
4. **Has the licensee made any changes to its trust account(s), financial institution, location or account number since its initial licensure?** (Account must be located in Idaho or with a financial institution approved by the Director) Yes\_\_\_\_\_ No\_\_\_\_\_  
If "Yes," submit a new Authorization to Examine Trust Account Form.

5. **Has the licensee had any changes to its officers, directors, members, managers, partners, 10% or greater equity owners since its initial licensure?** Yes\_\_\_\_ No\_\_\_\_  
*If "Yes", provide Attachment B and Attachment C/D (located in escrow forms section of the website) for each newly designated person.*

**ANSWERS TO QUESTIONS 6, 7, 8 AND 9 ARE NOT RESTRICTED TO IDAHO ACTIVITY AND ARE NOT TO BE LIMITED BASED ON A PRESUMED OR ACTUAL FINANCIAL IMPACT TO THE LICENSEE. "BLANKET" STATEMENTS REGARDING MATERIALITY ARE NOT SUFFICIENT.**

6. **Is/has the licensee or any current loan originator employee (W2/1099), agent, officer, director, member, partner, manager or 10% or greater equity-owner of the Licensee been the subject of a Cease and Desist, Suspension, Denial, Revocation, Consent Order, Settlement Order or similar administrative action or enforcement proceeding, or assessment of a penalty involving escrow, 1031 exchange or other financial services activity in any state, by any state or federal authority?** Yes\_\_\_\_ No\_\_\_\_  
*If "Yes," regardless of outcome or final disposition, submit a written explanation and a copy of the Order, Proceedings or Settlement document.*
7. **Is/has the Licensee or any current employee (W2/1099) with access to any trust account, agent, officer, director, member, partner, manager or 10% or greater equity-owner of the Licensee been convicted of, plead nolo contendere to, or received a withheld judgment for:**
- (a) any felony; or Yes\_\_\_\_ No\_\_\_\_  
(b) any misdemeanor involving dishonesty, moral turpitude or any aspect of the financial services industry? Yes\_\_\_\_ No\_\_\_\_  
*If "Yes," submit a written explanation and a copy of the police report, sentencing documents or other court-issued final order.*
8. **Is/has the Licensee or any current employee (W2/1099) with access to any trust account of the Licensee, agent, officer, director, member, partner, manager or 10% or greater equity-owner of the Licensee committed any crime or act involving dishonesty, fraud or deceit, which crime or act is substantially related to the qualifications, functions or duties of a person engaged in an escrow or exchange business?** Yes\_\_\_\_ No\_\_\_\_  
*If "Yes," submit a written explanation and a copy of the police report, sentencing documents or other court-issued final order*
9. **Is/has the Licensee or any current employee (W2/1099) with access to any trust account of the Licensee, agent, officer, director, member, partner, manager or 10% or greater equity owner of the Licensee been named as a party in any civil action, bankruptcy, assignment for the benefit of creditors, receivership, conservatorship or any similar proceeding, regardless of outcome?** Yes\_\_\_\_ No\_\_\_\_  
*If "Yes," submit a written explanation and documentation.*

**\*\*Please provide a contact email address.** Home/Main Office: \_\_\_\_\_

**STATUS OF ESCROW/EXCHANGE TRANSACTIONS**  
**As of December 31, 2007**

**PROVIDE THE FOLLOWING INFORMATION FOR THE TWELVE (12) MONTH PERIOD BEGINNING JANUARY 1, 2007 ENDING DECEMBER 31, 2007.**

<b>Total Number of Escrow/Exchange Accounts Held/Served for Period</b>	<b>Total Dollar (\$) Volume of Escrow/Exchange Accounts Held/Served for Period</b>	<b>Number of Current/Active Accounts as of Dec 31st</b>	<b>Number of Claims Filed Against Licensee for Period*</b>

*\*If any claims were filed, provide written explanation and any supporting documentation.*

## **SURETY BOND COVERAGE REQUIREMENT**

Idaho Code §30-909(3)

OR

Comply with Policy Statement #2007-4 dated July 23, 2007

(available at <http://finance.idaho.gov/Policies/Escrow%20Act%20Policy%20Statement.pdf>)

<b><u>Month 2007</u></b>	<b><u>Month-end Balance</u></b>
<i>January</i>	\$
<i>February</i>	\$
<i>March</i>	\$
<i>April</i>	\$
<i>May</i>	\$
<i>June</i>	\$
<i>July</i>	\$
<i>August</i>	\$
<i>September</i>	\$
<i>October</i>	\$
<i>November</i>	\$
<i>December</i>	\$
<b>TOTAL</b>	\$
<b>Divide by 12</b>	<b>/12</b>
<b>Average Month End Balance</b>	\$

### **Required Surety Bond Coverage:**

If the average month end balance is **\$50,000 or less** coverage needed is..... **\$20,000**

If the average month end balance is **> \$50,000 but < \$250,000** coverage needed is..... **\$50,000**

If the average month end balance is **>\$250,000 but < \$500,000** coverage needed is..... **\$100,000**

If the average month end balance is **>\$500,000 but < \$750,000** coverage needed is..... **\$150,000**

If the average month end balance is **>\$750,000 but < \$1,000,000** coverage needed is..... **\$200,000**

If the average month end balance is **>\$1,000,000** coverage needed is..... **\$250,000**

### **Branch License Renewal(s)**

Complete the following information for all additional branch licenses to be renewed (licenses must already exist in order to renew). All approved renewed licenses will be mailed to the licensed location. Attach additional page if necessary. **Be sure to include all required information and appropriate renewal fees for each location or renewals cannot be completed.**

A list of license numbers is available on the Internet at <http://finance.idaho.gov>

License Number	Physical Street Address	Mailing Address	Supervising Escrow Officer*	Phone	Fax	Email** for this location

\*If different than listed on the website, refer to question one (1) for information to be provided.

\*\*If you would like to receive email announcements and other communications from the Department of Finance, please provide a contact email address.

License Number	DBA*** (if applicable) List each d/b/a associated with the listed license number. If d/b/a should be reflected on ALL licenses, indicate ALL for license number.

**EACH RENEWAL PACKAGE MUST CONTAIN THE FOLLOWING:**

- A. Completed Renewal Form Identifying EACH Location to Be Renewed**
- B. \$150 Renewal Fee For EACH Licensed Location**
- C. Attachments For Any “Yes” Answers To The Questions On This Renewal Form**
- D. Roster of Personnel for EACH licensed physical location. Include name and title.**
- E. Current Balance Sheet, and Profit and Loss Statement (*prepared within the last 90 days*)**
- F. Bond rider reflecting adjustment to surety bond coverage, as applicable, OR evidence of compliance with Policy #2007-4, evidence of adjusted and/or required coverage to fidelity and E&O policies.**

**PLEASE SUBMIT A COMPLETE RENEWAL PACKAGE BY April 16, 2008.**

Renewals received after this date may not be able to be processed to allow timely correction of any deficiencies. Approved renewals will be posted daily to our website at <http://finance.idaho.gov>. *Attempted status checks will delay the process.*

**Renewals not complete by April 30<sup>th</sup> will cause the license(s) to expire by operation of law.**

I hereby certify that the forgoing statements are true and correct to the best of my knowledge. I further certify, that I have read and agree to fully abide by the provisions of the Idaho Escrow Act, Idaho Code § 30-901 *et seq.*, Policy #2007-4 and will not engage in any practice prohibited by Idaho Code § 30-919.

\_\_\_\_\_  
Signature (*person authorized to sign on behalf of Licensee*)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**IDAHO ESCROW AND 1031 EXCHANGE COMPANIES**

**Information and Instructions**

The annual renewal of your escrow/exchange company license(s) **must** be completed prior to April 30th in order to maintain a valid license and current standing. The following highlights and tips may help to expedite this process for you:

- All renewal packages are sent to the licensed corporate/main office location only during the first week of March. Renewal forms are also available from our website at <http://finance.idaho.gov> in the “Escrow Forms” section. The renewal and annual bond recalculation for all offices have been combined into one form. *Please file by no later than April 15<sup>th</sup> in order to assure timely review and your firm’s ability to clear any deficiencies if needed.*
- Average month-end trust account balance calculations requiring a change in your firm’s surety bond coverage (Idaho Code 30-909(3)) on page 3 of the renewal form may be provided in either a rider to the existing surety policy or in a new bond form. If the change is provided in a *rider*, a fully executed copy OR original may be provided to the Department. However, if a NEW surety policy is provided, a fully executed ORIGINAL surety bond form must be provided to the Department. Surety bond forms are available on the Department’s website at <http://finance.idaho.gov>.
- If your firm elects to comply with Department Policy #2007-4 for insurance coverage requirements in lieu of providing a surety bond, or an increase to the surety bond coverage, attach evidence of compliance with the minimal *current* coverage amounts of \$1,000,000 in fidelity coverage and \$250,000 in E&O coverage *for the licensed entity*. If multiple entities are covered under the same policy, provide evidence that the licensed entity has minimal coverage available in the amounts required.
- If you answer “Yes” to any of the questions, please make sure to include all supporting attachments as applicable.
- If your Supervising Escrow/Exchange Officer of any location has changed, include a detailed résumé for any newly named person, along with the Authority to Obtain Information From Outside Sources (Attachment B) and Ten Year Employment/Residence History (Attachment C/D). The résumé must contain the names, addresses, phone numbers, months/years of employment, and full detailed job descriptions or duties. Evidence of required experience in supervision of escrow and/or exchange activities must be documented. Forms are available on the website at <http://finance.idaho.gov>.
- Approved renewals will be posted on the website and show a new expiration date of April 30, 2009 once processed. This site is updated in live time. Attempted status checks will delay the process. **Original licenses will be mailed to the licensed location.**
- **Overnight delivery:** 800 Park Blvd, Ste 200 Boise, Idaho 83712  
**USPS delivery:** PO Box 83720 Boise, Idaho 83720-0031

**RENEWALS NOT COMPLETED BY, OR POSTMARKED AND COMPLETE BY, APRIL 30TH  
WILL CAUSE THE LICENSE(S) TO EXPIRE BY OPERATION OF LAW.**

**Please submit the completed renewal forms, fees, and attachments by April 15, 2008.**